



Date

INDIVIDUAL INVESTMENT APPLICATION FORM

Personal Data

Title: Mr. Mrs. Ms. Others.

Name of Investor(s):
Surname First Name Middle Name

Date of Birth: State of Origin:

L.G. Area: Nationality:
(Means of ID)

International Passport Driver's License National ID Card No:

Issue Date: Expiry Date:

Residential Address: (Street Number)

Tel.: Buss: Fax:

Mobile No: e-mail:

Occupation:

(If business, please state the type of business)

Mailing Address: (if different from the above)

Mother's Maiden Name (Surname):

Next of Kin:

Relationship to Applicant:

Next of Kin Contact Address: (if different from applicant's):

Purpose /Reason for opening the account:

Source of Income:

Initial Investment: (Cheques):

CURRENT ACCOUNT BANK DETAILS (Your Bank Account Name Details should correspond with CSCS Account Name)

Bank Name: BVN:

Account Name: Branch Account No:

Bank Account Opening Date: Signature:

❖ PLEASE AFFIX ONE RECENT PASSPORT SIZE PHOTOGRAPH

- ✓ Duly completed Account Opening Form with one recent clear Passport photographs with Names & Signature on the reverse side Means of Identification (Copy of International passport, Driver's License & National ID Card)
- ✓ Proof of Address-Utility Bill(PHCN/Water/Telephone Bill)

For Office Use Only

Account Officer's Name:

Account Officer's Signature & Date:

Client Account Number:

CSCS (CHN) Number:

Introduced By:

Checklist

S/N	Details for Individual Account	Yes	No	Waived
1	Duly completed Account Opening Form with two recent clear Passport photographs with Names & Signature on the reverse side			
2	Means of Identification (Copy of International passport, Driver's License & National ID Card)			
3	Proof of Address-Utility Bill (PHCN/Water/Telephone Bill)			
4	Minimum Initial Deposit			
5	Visitation Report			

Account Approved By:

Compliance Manager:

Signature:

1st Floor, 11B Military Street,
off King George Street
Onikan, Lagos
Tel: 01-2716946
E-mail: info@investorsandtrust.com
investorsandtrust@gmail.com

FOR OFFICE USE

VISITATION REPORT

Client's Name:.....

Client's Address:.....

Account Officer:.....

DESCRIPTION OF RESIDENCE

Signature:

Date:

INTERNAL POLICY ON COMPLAINTS MANAGEMENT:

Investors and Trust Company Limited, aims to provide an efficient, clear, non-threatening, fair and accessible mechanism for dealing with problems which arise in Customer Service/Client Relationship Management.

1. **Complaint is made:** A complaint shall be made in writing and addressed to the MD/CEO or through the company's website complaint/enquiries portal. The client's complaint shall be acknowledged and responded to within 5 working days of receiving such complaint.
2. **Preliminary action:** The MD/CEO (or nominee) shall sensitively and carefully review such complaints to understand the grievances for conciliatory resolutions.
3. **Outcome:** An acceptable outcome shall be communicated to the appropriate regulatory bodies/agencies by the Chief Compliance Officer (CCO) to ensure that the outcome is implemented and followed.
4. **Dissatisfied Client:** Where the internal or in-house conciliation resolution fails, the client may seek redress **FIRST** from the secretariat of the Trade group ASHON-NSE-SEC & IST respectively.
5. **Key Element:** All Clients have the right to make and have any complaint resolved.

NOTE: All clients Complaint / Enquires be directed to: info@Investorsandtrust.com or investorsandtrust@gmail.com